

ISSUE SLIP STAPLE AREA (for additional cross references)

11/27/00
11/27/00

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 59 | 1030 |
| FORMALITY REVIEW | T.M | JCS 64 | 11/22/00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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